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GOVERNOR



JARED BLUMENFELD
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board
Division of Drinking Water

MAY 02 2019

Certified Mail/Return
7017 0190 0000 6412 8666

East Nicolaus Joint Union High School District
2454 Nicolaus Ave.
Nicolaus, CA 95659

Attention: Mary Lynch, Superintendent

RE: East Nicolaus Joint Union High School District, Public Water System No. 5100136 – Citation No. 21-19C-003 for Exceedance of the Bacteriological Maximum Contaminant Level in April 2019.

Enclosed is a citation issued to the East Nicolaus Joint Union High School District (System). The citation is being issued because the System failed to achieve the State Total Coliform Rule (TCR) drinking water standard during April 2019. It is important that you read this citation carefully and complete all directives by the dates specified. Public notification is required.

Because the System has failed to achieve the TCR drinking water standard more than once in the last 12 months (failure in September 2018), the Federal Revised Total Coliform Rule (rTCR) requires a Level 2 Assessment of the System (See Attachment C). Division staff have completed this Assessment and it is important that you take special note to complete the identified deficiencies therein. A responsible party for your water system must sign, thereby acknowledging, this Assessment and corrective actions, and return it to the Division within 30 days of the issuance of this citation

Any person who is aggrieved by an order or decision issued by the Division, may file a petition with the State Water Board for reconsideration of the order or decision. Petitions must be received by the State Board within 30 days of the issuance of the order or decision. The date of issuance is the date when the Division mails a copy of the order or decision. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day. Petitions must be received by 5:00 p.m. See attached Applicable Authorities for relevant statutory provisions for filing a petition.

For more Information regarding filing petitions, visit the following website:
http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml

Note that Section 116577 of the California Safe Drinking Water Act provides for the Division to be reimbursed by the Water System for costs incurred for preparing and issuing a citation. In accordance with Section 116577, the Water System will be billed for the preparation and issuance of this citation.

E. JOAQUIN ESQUIVEL, CHAIR | EILEEN SOBECK, EXECUTIVE DIRECTOR

364 Knollcrest Drive, Suite 101, Redding, CA 96002 | www.waterboards.ca.gov

If you have any questions regarding this matter, please call Paul Rowe at (530) 224-4866 or me at (530) 224-4861.

Sincerely,



Reese B. Crenshaw, P.E.
Valley District Engineer
Drinking Water Field Operations Branch

Enclosure

cc: Sutter County Environmental Health

1 **Citation No. 21-19C-003**

2

3

STATE OF CALIFORNIA

4

WATER RESOURCES CONTROL BOARD

5

DIVISION OF DRINKING WATER

6

7 **Public Water System:** East Nicolaus Joint Union High School

8 **Water System No.:** 5100136

9

10 **To:** East Nicolaus Joint Union High School

11 Attn: Mary Lynch, Superintendent

12 2454 Nicolaus Ave.

13 Nicolaus, CA 95659

14

15 **Issued:**

16 VIA CERTIFIED MAIL

17

18

CITATION FOR NONCOMPLIANCE

19

With Title 22 California Code of Regulations

20

Section 64426.1(b)

21

22 Section 116650 of the California Health and Safety Code (CHSC) authorizes the
23 issuance of a citation for failure to comply with a requirement of the California Safe
24 Drinking Water Act (CHSC, Division 104, Part 12, Chapter 4, commencing with
25 Section 116270), or any regulation, standard, permit, or order issued thereunder. The
26 State Water Resources Control Board (hereinafter "State Board"), acting by and
27 through its Division of Drinking Water (hereinafter "Division") and the Deputy Director

1 for the Division, hereby issues a citation to East Nicolaus Joint Union High School for
2 failure to comply with Section 64426.1(b), Title 22, of the California Code of
3 Regulations (CCR).

4 5 **STATEMENT OF FACTS**

6 The East Nicolaus Joint Union High School, domestic water system (System) is
7 classified as a nontransient noncommunity water system serving approximately 325
8 people per day. In accordance with Section 64423 of Title 22, the System is required
9 to collect one routine bacteriological sample per month, unless there was a positive
10 bacteriological sample the previous month. If there was a positive sample the
11 previous month, five routine bacteriological samples are required, unless otherwise
12 waived by the Division. On April 17, 2019, one routine sample was collected from the
13 distribution system which indicated the presence of total coliform bacteria. On April
14 19, 2019, four out of four repeat samples collected from the distribution system also
15 indicated the presence of total coliform bacteria. No sample discussed herein was
16 positive for E. coli.

17 18 **DETERMINATIONS**

19 The Division has determined that the System violated Section 64426.1(b)(2), Title 22,
20 of the CCR, in that more than one sample in a month contained total coliform bacteria
21 in the distribution system. Due to a total coliform MCL violation in September 2018,
22 the System also triggered a Level 2 Assessment for April 2019; per the revised Total
23 Coliform Rule (rTCR), codified in Title 40 of the Code of Federal Regulations (CFR),
24 Section 141.859.

1 **DIRECTIVES**

2 The System is hereby directed to take the following actions:

- 3
- 4 1. Comply with Total Coliform Rule codified in Section 64426.1, Title 22, of the
5 CCR in all future monitoring periods.
- 6
- 7 2. **Within 30 days** of receipt of this Citation, provide public notification in
8 accordance with **Attachment A**, to all persons served by the System of the
9 MCL violation as required by Section 64463.4(c) and Section 64465, Title 22,
10 of the CCR. Notification shall be completed in accordance Section
11 64463.4(c)(2) per the CCR.
- 12
- 13 3. Changes and/or modifications to **Attachment A** shall not be made unless
14 approved by the Division.
- 15
- 16 4. Complete and return **Attachment B**, "Certification of Completion of Public
17 Notification" form **within 10 days** of giving public notice. A copy of the notice
18 used to provide public notification shall be attached to the form.
- 19
- 20 5. **Within 30 days** of receipt of this Citation, submit a signed copy of the Level 2
21 Assessment (**Attachment C**) to the Division; verifying that all deficiencies
22 specified therein have been corrected.
- 23
- 24 6. Collect and report five (5) routine bacteriological samples in the distribution
25 system in the month of **May 2019**, unless otherwise waived by the State Board.
26

1 All documents required by this Citation to be submitted to the Division shall be
2 submitted to the following address:

3
4 Reese B. Crenshaw, P. E.
5 Valley District Engineer
6 Drinking Water Field Operations
7 Division of Drinking Water
8 State Water Resources Control Board
9 364 Knollcrest Drive, Suite 101
10 Redding, CA 96002
11 (530) 224-4800

12
13 Nothing in this Citation relieves the System of its obligation to meet the requirements
14 of Health and Safety Code, Division 104, Part 12, Chapter 4 (California Safe Drinking
15 Water Act), or any regulation, permit, standard or order issued or adopted thereunder.

16
17 The Division reserves the right to make such modifications to this Citation, as it may
18 deem necessary to protect public health and safety. Such modifications may be
19 issued as amendments to this Citation and shall be effective upon issuance.

20
21 **FURTHER ENFORCEMENT ACTION**

22 The California SDWA authorizes the State Board to: issue citation with assessment of
23 administrative penalties to a public water system for violation or continued violation of
24 the requirements of the California SDWA or any permit, regulation, permit or order
25 issued or adopted thereunder including, but not limited to, failure to correct a violation
26 identified in a citation or compliance order. The California SDWA also authorizes the
27 State Board to take action to suspend or revoke a permit that has been issued to a
28 public water system if the system has violated applicable law or regulations or has
29 failed to comply with an order of the State Board; and to petition the superior court to

1 take various enforcement measures against a public water system that has failed to
2 comply with an order of the State Board. The State Board does not waive any further
3 enforcement action by issuance of this citation.

4

5 **PARTIES BOUND**

6 This Citation shall apply to and be binding upon the System, its officers, directors,
7 agents, employees, contractors, successors, and assignees.

8

9 **SEVERABILITY**

10 The directives of this Citation are severable, and the System shall comply with each
11 and every provision thereof notwithstanding the effectiveness of any other provision.

12

13

14

15

R. Crenshaw

16 Reese B. Crenshaw, P.E., District Engineer
17 Valley District
18 Drinking Water Field Operations Branch

5/2/19

Date

19

20 **Attachments:**

21

Attachment 'A' - Public Notification Template

22

Attachment 'B' - Certification of Completion

23

Attachment 'C' - rTCR Level 2 Assessment Form



IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

**The East Nicolaus Joint Union High School water system
did not meet Bacteriological Drinking Water Standards in
April 2019**

Our water system violated the bacteriological drinking water standard for April 2019. As our consumers, you have a right to know what you should do, what happened, and what we are doing to correct this situation.

We routinely monitor for the presence of drinking water contaminants. Five out of five water samples collected in April 2019, indicated the presence of total coliform bacteria. The standard is that no more than one (1) sample per month may have the presence of total coliform.

What should I do?

- **You do not need to boil your water or take other corrective actions.** This is not an emergency, if it had been, you would have been notified immediately.
- Usually, coliforms are a sign that there could be a problem with the well or distribution system (pipes). Whenever we test for total coliform bacteria in any sample, we also test to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find E. Coli bacteria in our testing.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from U.S. EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What is being done?

We are not sure what caused the positive coliform detections.

In response to the positive total coliform detections mentioned above, we disinfected the well and distribution and collected follow-up samples.

For more information, please contact Mark McMurry @ 530-656-2255

State Water System ID#: 5100136

CERTIFICATION OF COMPLETION OF PUBLIC NOTIFICATION

This form, when completed and returned to the Division of Drinking Water (364 Knollcrest Drive, Suite 101, Redding, CA 96002 or fax to 530-224-4844), serves as certification that public notification to water users was completed as required by the California Water Quality and Monitoring Regulations. Completing public notification and providing the Division with certification is important. Failure to do so will result in additional hourly time charges to your water utility and may result in a formal enforcement action with monetary penalties.

Public Water System Name East Nicolaus Joint Union High School

Public Water System No. 5100136

Public notification for the April 2019 bacteriological failure was performed by the following required methods:

- Posting in conspicuous locations throughout the area served by the water system:
List locations: _____

AND

- Use of one or more of the following methods to reach persons not likely to be reached by posting in conspicuous places. (Check all that apply):

Posting on the school's Internet site.

Email or hand delivery to faculty and students or parents.

I hereby certify that the above information is factual.

Printed Name

Signature

Date

ATTACHMENT C - REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT



This form is intended to assist Division of Drinking Water (DDW) or Local Primary Agency (LPA) Staff in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016]. If the answer has a large box around it, it is an issue and needs to be described by LPA or DDW in the next column. Please include the question number in the description. The PWS must address each issue described in the Corrective Action column. **To avoid a violation, the water system must submit to DDW/LPA a completed assessment report no later than 30 days after the trigger date.**

PWS ID# 5100136		PWS Name: East Nicolaus Joint Union High School		Circle one: CWS / NTNC / TNC		
Operator in Responsible Charge (print name): Mark McMurry		Phone: 530-656-2255		Date Assessment Completed: 4-26-2019		
Assessment trigger date: 8-10-2018		Reason for Assessment: L2 required		Contact info for person who collected samples: 530-518-5866		
SEASONAL: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Person who collected TC positive samples: Cranmer – Greg Land		Name of Certified Lab conducting sample analysis: Cranmer		
Assessment Elements		Y	N	N/A	Issue Description	Corrective Action Taken or Planned to be Taken and Date
1. Review of the sample sites		Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
1.1	Was the sample taken at the routine coliform site? List the name(s) of the positive sample site(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.1 Office H/B is routine sample	1.12 Mark M. said it was a very windy day at the time the routine sample was collected.
1.2	Was the tap area unsanitary at the time of sampling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.3	Was this sample taken from an outside faucet?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4	Was the sample taken from a swivel tap?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.5	Did the tap have a point of use treatment device on it?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.6	Does the building where the sample was taken have a point of entry device?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.7	Has this location undergone any plumbing replacements or repairs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.8	Are there any possible cross connections around the sample site (including yard hydrants and stock tanks)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.9	Is this location near a storage tank or dead end?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.10	Have there been any analytical results or any additional samples collected, including source samples, which were positive (not for compliance)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.11	Prior to this incident, when was the most recent satisfactory coliform samples taken? Date:					
1.12	Any other sample site issues not previously mentioned?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

2. Review of sample protocol	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
2.1 Was the positive sample(s) taken by the operator in responsible charge? Provide name of sampler.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.2 Is the sampler a regular, trained sampler?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.3 Was a laboratory-provided TC sample bottle used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.2 Greg Land collected the routine sample, but "DRF" collected the repeats.	2.2 Mark M. informed me that Greg seems to follow sample protocol.
2.4 Was the aerator removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2.5 Was the water tap flushed for at least 5 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.6 Was the tap disinfected or flamed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At this time, it is assumed that operator followed sample protocol.	
2.7 Did the sample get too warm prior to being placed on ice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.8 Were there other sampler errors? Describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.9 If it is a seasonal system, were there any problems during the most recent start-up procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.10 Any other sample protocol issues not previously mentioned (e.g. vandalism or unauthorized access)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Review of the distribution system.	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
3.1 Have any mains or service lines recently been repaired, replaced or installed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.1 Only irrigation lines that are on a separate system.	
3.2 Have fire hydrants or blow offs been recently flushed/used/sheared?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3.11 Mark M. stated that ^{when} we he came back to work on Tuesday, April 23, it appeared that the school experienced some level of power loss during Spring Break.	
3.3 Have valves been recently exercised to direct flow?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.4 Any leaks or main breaks noted?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.5 Are all of the backflow prevention devices operational and maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.6 Was there a total loss of pressure, low pressure (<20 psi) or changes in water pressure? If yes, when?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.7 Any areas of the distribution with low disinfectant levels (<0.2 mg/L)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.8 Any recent pump station failures or repairs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.9 Air relief valve leaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.10 Standing water or debris in (air relief) valve vault?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.11 Any recent power loss?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.12 Any unprotected cross connections (including yard hydrants and stock tanks)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.13 Has high turbidity been detected in the distribution system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.14 Is there evidence of intentional contamination or vandalism?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.15 Any other distribution issue not previously mentioned (e.g. other O&M activities that could have introduced coliforms)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

4.	Review of storage tank(s) (Note the specific facility if any issues are found)	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
4.1	Is there a presence of animals or insects in the tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.2	Are there breaches or holes of any sort into tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3	Is there any presence of animal droppings around openings, vents or overflows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4	Is there sediment buildup and floating debris in tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.5	Have the tank(s) been cleaned within the last 5 years? if not, list when it was last cleaned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6	Are the vents and overflows protected against entry from animals, insects or other contaminants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.7	Are the screens damaged or not properly installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.8	Does the reservoir have a common inlet/outlet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.9	Is the overflow pipe directly connected to a tank drain, sanitary sewer or storm drain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.10	Does the hatch have a solid, water proof, shoebox type lid that is properly sealed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.11	Was the hatch locked or secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.12	Has the tank been accidentally drained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.13	Have there been high flows through the tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.14	Was there high water age in the tank (infrequent water use)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.15	Was the sample taken when the tank was at the low level mark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.16	Failure or improper operation on tank telemetry/altitude valves/controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.17	Any recent repairs on the tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.18	Was there any power loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.19	Is the site secured (e.g. fencing, locked gates, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.20	Was the tank vandalized or subject to tampering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.21	Any other storage tank issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Pressure Tanks (if applicable)	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
4.22	What is the volume of the pressure tank? Attach additional sheets if needed.	Unknown				
4.23	What is the age of the pressure tank? Attach additional sheets if needed.	Unknown				
4.24	Does the pressure tank use a bladder and/or air compressor? Attach additional sheets if needed.	Snifter valve				
4.25	Did the pressure tank(s) deviate from normal operating pressure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.26	Is the compressor pump running more than normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

Question	Primary		Backup	Emergency	Notes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.3 Is there a casing vent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.4 Does the casing and/or air relief vent have a screen to prevent the entry of insects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.5 Does the vent and pump to waste terminate in an air gap of at least three pipe diameters above the ground?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.6 How is the well used? (Circle if applicable)					
6.7 Are there any unprotected cross connections at the wellhead?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.10 Replace concrete pad. Replace rubber seal in conduit box and tighten cover. Apply sealant between well cap and casing. Remove wasp nest and put a screen over the pressure relief opening.
6.8 Are there any unprotected openings in the pump or pump assembly?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.9 Is the pitless adapter damaged?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.10 Are there any exposed holes or cracks near the wellhead? For example electric conduit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.11 Has there been any recent work performed on the pump?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.12 Is the wellhead secured to prevent unauthorized access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.13 Have there been any sewer spills, source water spills or other disturbances near the well?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.14 Is the wellhead at least 18-inches above grade?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.15 Is there evidence of standing water near the wellhead?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.16 Is the well pit in standing water or evidence of flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.17 Any other well issues not previously mentioned above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sources- Spring(s) (Note the specific facility if any issues are found)	Y	N	(N/A)	(N/A)	
6.18 Is there evidence of flooding or infiltration of surface water runoff around the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.19 Is the spring box improperly developed or poorly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.20 Is the spring site secured (e.g. locks, fence, gate, etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.21 Are there dead animals near the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.22 Any other issues about springs not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sources – Surface Water	Y	N	(N/A)	(N/A)	
6.23 Have there been algae blooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.24 Has the source water turned over?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.25 Have there been any sewer spills, source water spills or other disturbances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.26 Any other source water issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

Sources-purchased water	Y	N	N/A	
6.27 Water quality issues with supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6.28 Low disinfectant residual from supplier (typically ≤ 0.2 mg/L)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.29 Any other purchased water issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Applicable to all sources	Y	N	N/A	
6.30 Has an unapproved source been used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.31 Has there been a change in sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.32 Has there been recent rapid snowmelt, heavy rainfall or flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.33 Any evidence of animals near the source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.34 Have there been changes in available source water (e.g. significant drop in water table, reservoir capacity)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.35 Is the source water sample for ground water systems E. coli positive? This may indicate that the positive sample is originating from the source and may be a continuous source of contamination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.36 Any other source issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. General Operations				Indicate Element number being described.
7.1 During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.2 What were the symptoms of illness if you received complaints about customers being sick?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3 Were there any extreme weather/natural events (e.g. heat, freezing, raining, windy, fires, earthquakes etc)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windy
8. Significant Deficiencies				Indicate Element number being described.
8.1 Are there any unaddressed significant deficiencies? This may indicate that the problem is known and is in the process of being remedied. Include approved corrective action date and status of each corrective action.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

1. Attach additional sheets if needed.

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

Additional Comments:

Name of SWRCB Division of Drinking Water or LPA representative completing the form (PRINTED): Paul J. Rowe, P.E.

Signature: *Paul Rowe*

Date: 4-29-2019

Water system responsible party (PRINTED): Mark McMurry

Signature: _____ Date: _____

Reserved for Regulatory Agency (DDW / LPA) Review

	Yes	No	Comments
1. Has assessment been successfully completed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Likely reason for EC+ occurrence has been found.	<input type="checkbox"/>	<input type="checkbox"/>	n/a
3. System has corrected the problem.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Were all issues identified corrected?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Corrective Action Approved?	<input type="checkbox"/>	<input type="checkbox"/>	